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N

PREPARED BY:

PROFESSIONAL SERVICES
POST OFFICE BOX 130
POTTS CAMP, MISSISSIPPI 38659
TELEPHONE 662-333-9009

STATE OF MISSISSIPPI
COUNTY OF DESOTO

AFFIDAVIT OF HEIRSHIP

PERSONALLY appeared before me, the undersigned authority in and for the county and state aforesaid the undersigned who after being by me first duly sworn according to law on oath stated the following:

Affiant, LELAND HARTSELL WALLACE states that he is 78 years of age and is an adult resident citizen of DeSoto County, Tennessee, whose post office and mailing address is 8261 Waverly Cove, Olive Branch, MS 38654, telephone number 662-893-6784.

Affiant, DIANNE B. BOWEN, states that she is 68 years of age and is an adult resident citizen of Shelby County, Tennessee, whose post office and mailing address is 1842 Oak Hill Road, Germantown, TN 38138, telephone number 901-754-3452.

Affiant, CURTIS GURLEY, states that he is 73 years of age and is an adult resident citizen of Marshall County, Mississippi, whose post office and mailing address is 2462 Highway 309 South, Byhalia, MS 38611, telephone number 662-838-2744.

Affiants state that were personally acquainted with William Robert Churchill. Affiants further state that William Robert Churchill died intestate on February 25, 2007 in Methodist Hospital, Memphis, Tennessee, that he was married to Bonnie Steely Churchill and they had one son, William Kevin Churchill and three daughters, Tammy Churchill Davidson, Sharon Denise Churchill, and Linda Churchill Robinson. Affiants further state that William Robert Churchill was divorced and married Patricia Churchill, who is deceased, and they had no children. Affiants further state that William Robert Churchill married Susan Edwards Churchill and was divorced from her in 1998 and they had no children. Upon the death of William Robert Churchill, William Kevin Churchill, Tammy Churchill Davidson, Sharon Churchill and Linda Churchill Robinson are the sole heirs at law and the only persons having any right, title, claim or interest in the estates William Robert Churchill. The purpose of this affidavit is to establish the right, title and claim of William Kevin Churchill, Tammy Churchill Davidson, Sharon Denise Churchill and Linda Churchill Robinson to the estates of William Robert Churchill and specifically to that certain parcel of land described as follows:

Lot 4, Section A, Nichols Subdivision, situated in Section 2, Township 2 South, Range 6 West, DeSoto County, Mississippi as recorded in Plat Book 4, Page 20 in the office of the

Bancorp S H e

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Chancery Clerk of DeSoto County, Mississippi, also known as 5037 Katherine Drive, Olive Branch, MS 38654.

Affiants further state that they had personally known William Robert Churchill for a period in excess of 30 years; that they are not related to the Churchill family and that this affidavit is made for the sole and only purpose of determining heirship of Kevin Churchill, Tammy Churchill Davidson, Sharon Denise Churchill and Linda Churchill Robinson and the ownership of the above property.

WITNESS OUR SIGNATURES, this the 12th day of April, 2007.

Leland Harrell Wallace
AFFIANT

Diane B. Bowen
AFFIANT

Curt Murley
AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME, this the 12th day of April, 2007.

Jane A. Boston
NOTARY PUBLIC

(SEAL)

MY COMMISSION EXPIRES: _____



STATE OF TENNESSEE Office of Vital Records

BK 565 P6 620

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

TYPE PRINT
PERMANENT
RECORD
FOR
INSTRUCTIONS
SEE REVERSE

REGISTER

PARENTS

DECEASED

DECEASED

REGISTER

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REGISTER

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1. DECEASED NAME (Last, first, middle, last)		2. SEX		3. DATE OF DEATH (Month, day, year)	
William Robert Churchill		Male		February 25, 2007	
4. SOCIAL SECURITY NUMBER		5. AGE (at death)		6. DATE OF BIRTH (Month, day, year)	
428-725-800		68		July 2, 1938	
7. PLACE OF BIRTH (City, county, state)		8. COUNTY OF DEATH			
Perry, Carroll, MS		Shelby			
9. FACILITY NAME (If not medical, give street and number)		10. CITY/TOWN OF DEATH		11. COUNTY OF DEATH	
Methodist University Hospital		Memphis		Shelby	
12. MARITAL STATUS (Married, Widowed, Divorced, Single)		13. SURVIVING SPOUSE (If not, give maiden name)		14. DECEASED'S USUAL OCCUPATION (If not, give usual occupation)	
Divorced		None		Owner	
15. RESIDENCE STATE		16. COUNTY		17. CITY/TOWN OF DEATH	
MS		Marshall		Bryant	
18. STREET AND NUMBER OF DEATH LOCATION		19. DECEASED'S RESIDENCE (If not, give usual residence)			
111 Chase St.		111 Chase St.			
20. DECEASED'S RACE		21. DECEASED'S COLOR			
White		White			
22. INFORMANT'S NAME (If not, give name of informant)		23. RELATIONSHIP TO DECEASED		24. SIGNATURE AND ADDRESS (Street and Number of Informant's Home, City or Town, State, Zip Code)	
Linda Robinson		Daughter		1621 Sycamore, Coldwater, MS 38618	
25. PLACE OF DEATH (If not, give usual residence)		26. PLACE OF DEATH (If not, give usual residence)			
Memorial Park Southwood		Memphis, TN			
27. SIGNATURE OF DECEASED		28. SIGNATURE OF INFORMANT			
[Signature]		[Signature]			
29. NAME AND ADDRESS OF FUNERAL HOME		30. SIGNATURE OF FUNERAL HOME			
Brantley Funeral Home		[Signature]			
6875 Cochran St., Olive Branch, MS 38654		[Signature]			
31. SIGNATURE AND TITLE OF MEDICAL EXAMINER		32. DATE OF EXAMINATION		33. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
34. SIGNATURE AND TITLE OF MEDICAL EXAMINER		35. DATE OF EXAMINATION		36. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
37. SIGNATURE AND TITLE OF MEDICAL EXAMINER		38. DATE OF EXAMINATION		39. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
40. SIGNATURE AND TITLE OF MEDICAL EXAMINER		41. DATE OF EXAMINATION		42. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
43. SIGNATURE AND TITLE OF MEDICAL EXAMINER		44. DATE OF EXAMINATION		45. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
46. SIGNATURE AND TITLE OF MEDICAL EXAMINER		47. DATE OF EXAMINATION		48. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
49. SIGNATURE AND TITLE OF MEDICAL EXAMINER		50. DATE OF EXAMINATION		51. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
52. SIGNATURE AND TITLE OF MEDICAL EXAMINER		53. DATE OF EXAMINATION		54. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
55. SIGNATURE AND TITLE OF MEDICAL EXAMINER		56. DATE OF EXAMINATION		57. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
58. SIGNATURE AND TITLE OF MEDICAL EXAMINER		59. DATE OF EXAMINATION		60. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
61. SIGNATURE AND TITLE OF MEDICAL EXAMINER		62. DATE OF EXAMINATION		63. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
64. SIGNATURE AND TITLE OF MEDICAL EXAMINER		65. DATE OF EXAMINATION		66. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
67. SIGNATURE AND TITLE OF MEDICAL EXAMINER		68. DATE OF EXAMINATION		69. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
70. SIGNATURE AND TITLE OF MEDICAL EXAMINER		71. DATE OF EXAMINATION		72. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
73. SIGNATURE AND TITLE OF MEDICAL EXAMINER		74. DATE OF EXAMINATION		75. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
76. SIGNATURE AND TITLE OF MEDICAL EXAMINER		77. DATE OF EXAMINATION		78. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
79. SIGNATURE AND TITLE OF MEDICAL EXAMINER		80. DATE OF EXAMINATION		81. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
82. SIGNATURE AND TITLE OF MEDICAL EXAMINER		83. DATE OF EXAMINATION		84. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
85. SIGNATURE AND TITLE OF MEDICAL EXAMINER		86. DATE OF EXAMINATION		87. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
88. SIGNATURE AND TITLE OF MEDICAL EXAMINER		89. DATE OF EXAMINATION		90. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
91. SIGNATURE AND TITLE OF MEDICAL EXAMINER		92. DATE OF EXAMINATION		93. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
94. SIGNATURE AND TITLE OF MEDICAL EXAMINER		95. DATE OF EXAMINATION		96. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
97. SIGNATURE AND TITLE OF MEDICAL EXAMINER		98. DATE OF EXAMINATION		99. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	
100. SIGNATURE AND TITLE OF MEDICAL EXAMINER		101. DATE OF EXAMINATION		102. SIGNATURE AND TITLE OF REGISTRAR	
[Signature]		MAR 30 2007		[Signature]	

I hereby certify the above to be a true and correct copy of the original document on file in the department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 58-3-101 et seq. Via Electronic Act of 1977

Sharon M. Lambach
STATE REGISTRAR

Cassandra L. Brown
Local Registrar
Shelby County

MAR 30 2007
Date Issued

CERTIFICATION OF VITAL RECORD

